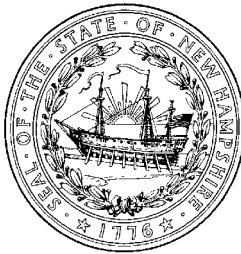


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## New Hampshire Board of Medicine

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# NEWSLETTER

News Editor: Penny Taylor, Administrator

**WINTER, 2004**

### Election of Board Officers:

At the January, 2004 meeting, the Board elected officers for the coming year. Cynthia S. Cooper, M.D., of Dover was reelected as President and Kevin R. Costin, P.A., of Manchester was elected Vice President.

### NEW HAMPSHIRE RULES AND LAWS:

Physicians frequently ask where the Board obtains the authority to judge and discipline other physicians. They also ask what rules or guidelines are used to make judgments on practice standards or ethical issues.

The Board's statutory authority is given in the NH Medical Practice Act, RSA 329. The rules to carry out the mandates of that law are contained in the NH Code of Administrative Rules Chapter Med 100-500. Within those rules the Board is directed to follow the Principles of Medical Ethics – Current Opinions with Annotations as adopted by the American Medical Association as a standard of ethical practice.

Copies of The Medical Practice Act and the NH Code of Administrative Rules are available from the Board and can be read or downloaded at their web site, [www.state.nh.us/medicine](http://www.state.nh.us/medicine). Copies of the Principles of Medical Ethics are available through the AMA or many medical bookstores.

The Board encourages licensees to be familiar with these documents and refer to them whenever questions of appropriate practice or medical ethics arise.

## **Board of Medicine Policy on use of EDTA: Adopted 1/7/04**

The administration of EDTA (ethylenediaminetetraacetic acid) in a clinical setting by delivering the medicine through parenteral or non-parenteral routes beyond its FDA approved clinical indications of laboratory documented heavy metal poisoning/intoxication/toxicity, without support of scientifically valid evidence (as opposed to anecdotal evidence) of its effective use in the treatment of a disease or medical condition for which a licensee uses it may be considered to be violation of RSA 329:17, VI. \*

That the advertising of EDTA's administration in any matter to prevent or cure diseases or medical conditions other than laboratory documented heavy metal poisoning/intoxication/toxicity, without support of scientifically valid evidence (as opposed to anecdotal evidence) of its effective use in the treatment of a disease or medical condition for which a licensee advertises it may be consider to be violation of RSA and/or the rules promulgated pursuant thereto.

However, EDTA may be used in the clinical setting when a licensee experienced in clinical investigations has applied for and received written approval from a US Department of Health and Human Services, Office for Human Research Protection certified Institutional Review Board under Code of Federal Regulations, Title 45, Part 46 Protection of Human Subjects (45 CFR 46); for a carefully controlled clinical investigation of its effectiveness in treating diseases or medical conditions other than those approved by the FDA, under a protocol satisfactory to the Institutional Review Board.

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\* Note: Scientific evidence of clinical effectiveness comes from research published in the peer-reviewed literature, and reflects rigorous and methodologically valid studies using research design (such as clinical trials) that will yield unbiased results. The use of expert opinion, case series, anecdotal evidence, or other uncontrolled and methodologically weak studies, even if published in the literature, does not constitute scientific evidence of effectiveness.

## **BOARD ACTIONS:**

The following final board actions were taken by the Board from July 1, 2003 through December 31, 2003.

### **Jehangir S. Vazifdar, M.D. - # 3639 - Meredith, N.H.**

7/8/03 – Order Removing Restrictions. Full and unrestricted license.

### **Barbara Kolinsky, PA License #0041 - Berlin, NH**

8/6/03 – Decision & Order. Licensee engaged in unprofessional conduct and violated statute regarding habitual use of intoxicants, by failing to abstain from mood changing chemicals. Her physician assistant license is suspended for one year subject to the conditions specified in the Order. She may petition the Board to stay six months of the suspension if she demonstrates successful compliance with conditions, including participation in designated treatment programs.

**Serafin C. Anderson, M.D. - License# 7734 - Wilton, N.H.**

8/6/03 – By consent decree, the Board of Medicine accepted Dr. Anderson's voluntary surrender of her New Hampshire medical license due to a medical condition which interferes with her practice of medicine.

**Richard K. Hacker, M.D. –License # 9189 – Keene, N.H.**

8/11/03 – Settlement Agreement. The Board found that Richard K. Hacker, M.D., engaged in unprofessional conduct by engaging in certain personal behavior with a female patient. By settlement agreement Dr. Hacker's license is suspended for six months, with five months stayed, commencing September 10, 2003. He is assessed an administrative fine in the amount of 2,000.00, license to practice medicine is restricted to a hospital setting for a period of two years. During this period, he shall only provide treatment to female patients while chaperoned by a member of the hospital staff. Dr. Hacker is required to participate in a program of 16 hours of continuing medical education to address the issue of boundary violations.

**Walter L. Lima, M.D. – License # 5006 – Manchester, N.H.**

8/28/03 – By consent decree, the Board of Medicine has suspended the license of Walter Lima, M.D., to practice medicine for no more than one hundred twenty days pending completion of an adjudicatory proceeding. Respondent is currently undergoing testing under the care of a medical provider to evaluate a medical condition that may hamper his ability to practice medicine.

9/27/03 - The Board accepted Dr. Walter L. Lima's voluntary surrender of his New Hampshire medical license due to a medical condition which interferes with his practice of medicine.

**Ted E. Hartman, M.D. Barnet, VT**

9/9/03 - Order of Conditional Denial. Dr. Hartman's license was revoked or surrendered in three other jurisdictions. The Board of Medicine found that the violations in South Carolina regarding sexual relations with a patient would, if presented in New Hampshire, be grounds for imposing discipline and therefore, constitutes grounds for denial of a license.

**Greg R. Thompson, M.D. License #6720 Plaistow, NH**

10/6/03 – Settlement Agreement. Dr. Thompson was reprimanded and assessed an administrative fine in the amount of one thousand dollars. The Board found that Dr. Thompson has engaged in professional misconduct by failing to maintain adequate medical records. In addition, the Board also required Dr. Thompson to participate in the Physician Health Program for a period of five years.

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The Board has also issued 31 confidential letters of concern, pursuant to RSA 329:17, VII-a, from July 1, 2003 through December 31, 2003. These letters advise the licensee that while there is insufficient evidence to support disciplinary action, the Board believes the physician should modify or eliminate certain practices, and that continuation of the activities which led to the information being submitted to the Board may result in action against the licensee's license. These letters are not released to the public or any other licensing authority, except that the letters may be used as evidence in subsequent disciplinary proceedings by the Board. 103 Consumer Complaints and 127 Writs from the Courts were received during that time frame.

- The Board office has been called for requests of further details about certain disciplinary actions. All Orders are public documents and may be obtained by calling the Board office at (603) 271-1203. There is a fee of \$.25 per page for all Orders.